

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

(See instructions)

Office use only

1. NAME OF
COMMITTEE (in full)☐(Check if name
is changed)Example: If typing, type
over the lines

12FE4M5

AC PAC ACA International Political Action Committee

ADDRESS (number and street)

4040 W. 70th St

☐(Check if address
is changed)

Minneapolis

MN

55435

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

andersen@acainternational.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.acainternational.org

COMMITTEE'S FAX NUMBER

952-915-3922

2. DATE

M M / D D / Y Y Y Y
0 5 / 0 7 / 2 0 0 3

3. FEC IDENTIFICATION NUMBER

C C00034785

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer

Rozanne M. Andersen

Signature of Treasurer

Electronically Filed by Rozanne M. Andersen

Date

M M / D D / Y Y Y Y
0 5 / 2 3 / 2 0 0 6

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. § 437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 02/2003)

Write or Type Committee Name

ACPAC ACA International Political Action Committee

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **Ann Ludes**

Mailing Address **4040 W. 70th St**

Edina **MN** **55435** -

Title or Position ▼ **CITY ▲** **STATE ▲** **ZIP CODE ▲**

Associate Director Telephone number - -

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Telephone number - -

Full Name of
Designated
Agent

Mailing Address

CITY ▲ **STATE ▲** **ZIP CODE ▲**

Telephone number - -

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Mailing Address

CITY STATE ZIP CODE

CITY STATE \triangle ZIP CODE